

Racial Differences in Functioning Among Elderly Nursing Home Residents, 2004

Adrienne L. Jones; Nancy L. Sonnenfeld, Ph.D.; and Lauren D. Harris-Kojetin, Ph.D.
Division of Health Care Statistics

Key findings

- Black nursing home residents had poorer functional status than residents of other races.
- Black residents were more likely to be totally dependent in both eating and toileting and to be totally dependent in all five activities of daily living.
- Black nursing home residents were more likely to be incontinent of bladder, bowel, or both.
- Among bladder-incontinent nursing home residents, black residents were less likely than those of other races to have scheduled toileting plans.

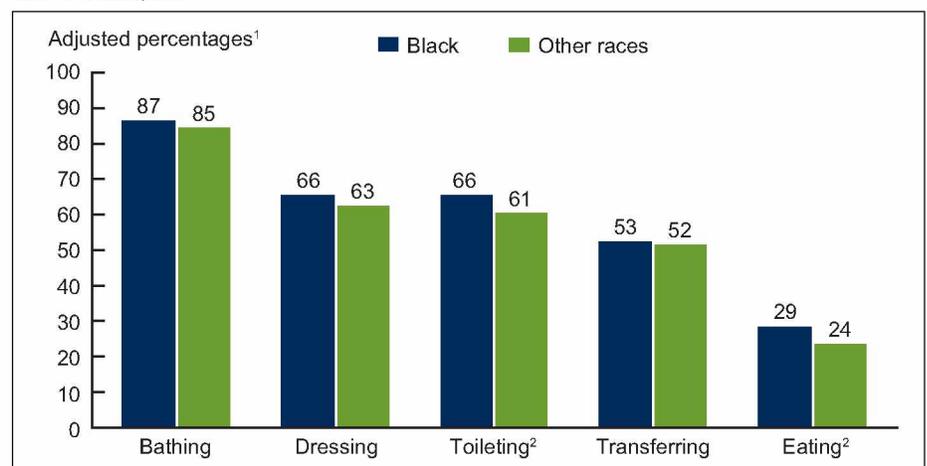
Reducing racial disparities in health care is an important national policy goal. Previous research on racial disparities has focused on nursing home placement rates. Recent research suggests that black nursing home residents may be more likely than residents of other races to reside in facilities that have serious deficiencies, such as low staffing ratios and greater financial vulnerability (1,2).

In 2004, 11% of the 1.3 million nursing home residents aged 65 and over in the United States were black. National descriptions of black nursing home residents are limited. Using data from the most recent National Nursing Home Survey, this report highlights differences observed between elderly black nursing home residents and residents of other races in functioning and resident-centered care. The specific measures highlighted are functional status, incontinence, and management of incontinence.

Keywords: Racial disparities • Activities of daily living and functional status • Incontinence management and scheduled toileting plan

Black residents had lower functional status.

Figure 1. Elderly nursing home residents totally dependent in activities of daily living by race: United States, 2004



¹Percentages were adjusted for age and sex.

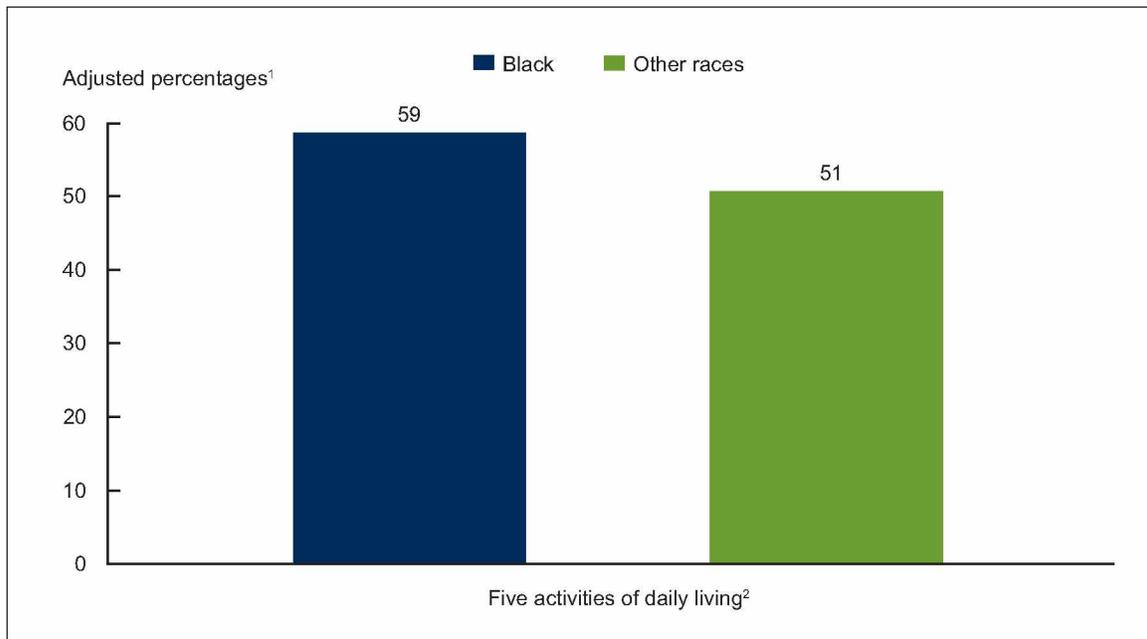
²Statistically significant difference ($p < .05$).

SOURCE: CDC/NCHS National Nursing Home Survey.



Activities of daily living (ADLs) are everyday routines generally involving functional mobility and personal care. Difficulty with, or inability to perform ADLs can be used to measure a person's level of physical functioning or disability. Black nursing home residents were more likely to be totally dependent in eating (29 percent compared with 24 percent) and toileting (66 percent compared with 61 percent) than residents of other races (Figure 1). There were no significant differences in the other three ADLs (bathing, dressing, and transferring). Black nursing home residents were also more likely to be totally dependent in all five ADLs (59 percent compared with 51 percent) than residents of other races (Figure 2).

Figure 2. Elderly nursing home residents totally dependent in all five activities of daily living, by race: United States, 2004



¹Percentages were adjusted for age and sex.

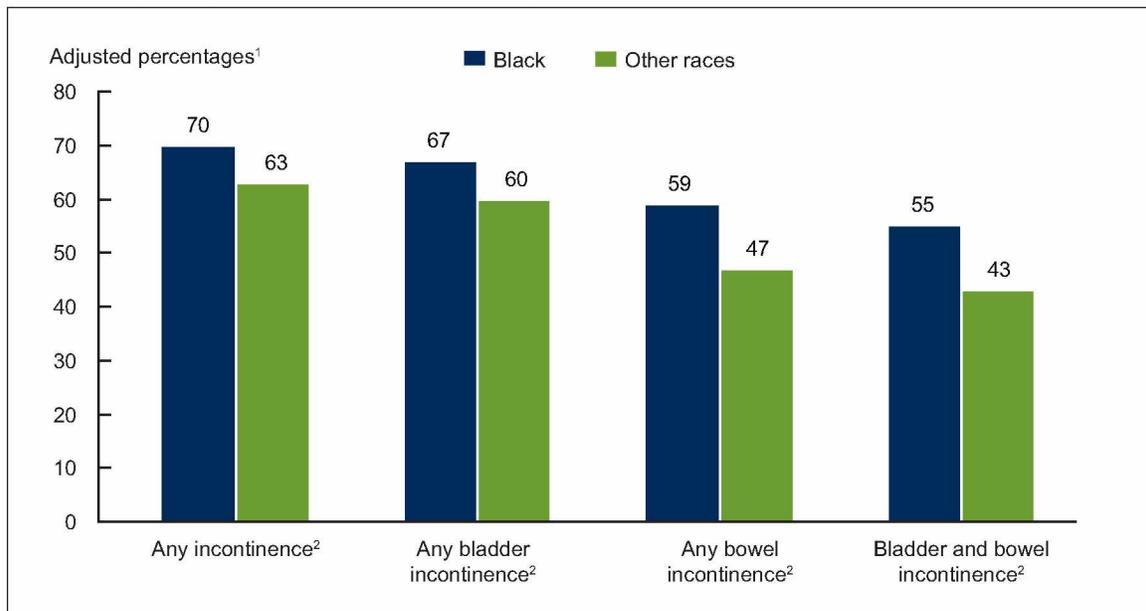
²Statistically significant difference ($p < .05$).

SOURCE: CDC/NCHS National Nursing Home Survey.

Black residents were more likely to be incontinent.

The percentage of black nursing home residents (70 percent compared with 63 percent) with any incontinence was significantly higher than residents of other races (Figure 3). The percentage of black nursing home residents with bladder incontinence (67 percent) was higher than residents of other races (60 percent); the percentage of black nursing home residents with bowel incontinence (59 percent) was significantly higher than residents of other races (47 percent); and the percentage of black nursing home residents with both bladder and bowel incontinence (55 percent) was also higher than the percentage of residents of other races with both types of incontinence (43 percent).

Figure 3. Elderly nursing home residents with incontinence by race: United States, 2004



¹Percentages were adjusted for age and sex.

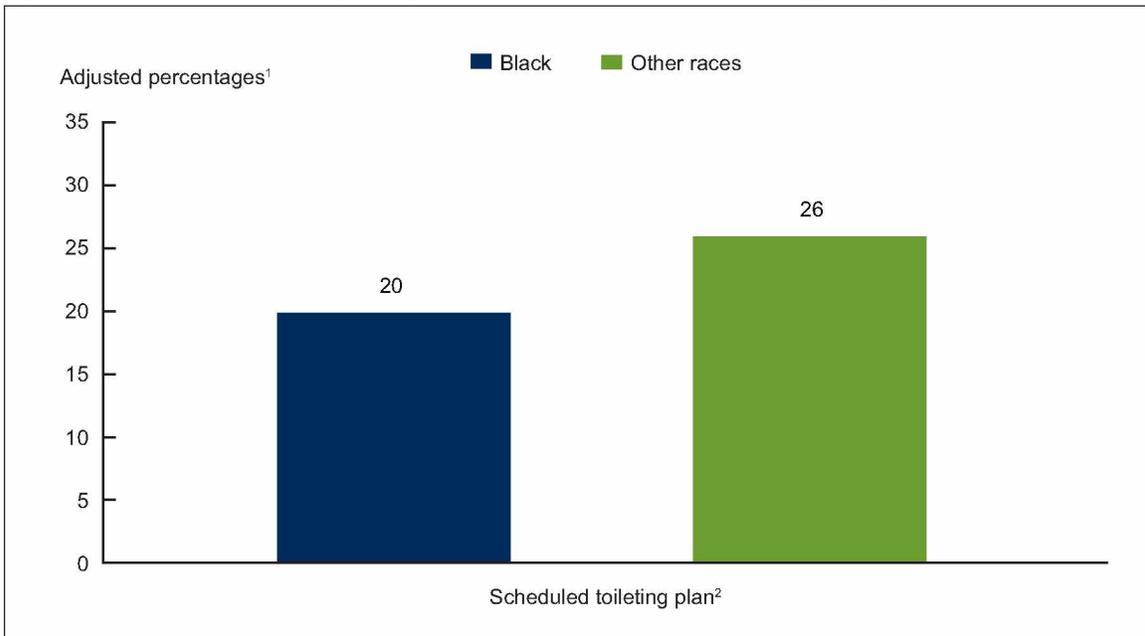
²Statistically significant difference ($p < .05$).

SOURCE: CDC/NCHS National Nursing Home Survey.

Bladder-incontinent black nursing home residents were less likely to have a scheduled toileting plan.

Nursing home residents with bladder incontinence may benefit from a scheduled toileting plan—a noninvasive intervention involving the resident and caregiver that can improve continence or assisted continence (3). Among bladder-incontinent nursing home residents, black residents were less likely than residents of other races (20 percent compared with 26 percent) to have scheduled toileting plans (Figure 4).

Figure 4. Bladder-incontinent elderly nursing home residents with a scheduled toileting plan by race: United States, 2004



¹Percentages were adjusted for age and sex.
²Statistically significant difference ($p < .05$).
 SOURCE: CDC/NCHS National Nursing Home Survey.

Summary

In 2004, elderly black nursing home residents in the United States were more likely to be functionally impaired and incontinent compared with residents of other races. Black nursing home residents were more likely to be totally dependent in two ADLs—eating and toileting, but there were no differences by race in three other ADLs—bathing, dressing, and transferring. The most notable difference in functioning between black nursing home residents and those of other races was the larger proportion of black nursing home residents totally dependent in all five ADLs. Black nursing home residents were also more likely to be incontinent of bladder, bowel, or both. Black residents who were bladder incontinent were also less likely to have a scheduled toileting plan, one approach for treatment of bladder incontinence. These data identify important differences in the needs and care of black nursing home residents nationally.

Definitions

Activities of daily living: Personal care activities necessary for everyday living, such as bathing, dressing, eating, transferring, and toileting; a term often used by health care professionals to assess the need or type of care a person may require (bathing, dressing, eating, transferring, and toileting).

Incontinence: Bladder incontinence is the inability to control the passage of urine. Bowel incontinence is the inability to control the leakage of stool. For this study, a resident who had inadequate control all of the time in the last 14 days was considered incontinent.

Other races: Include white, Asian, Native Hawaiian or Other Pacific Islander, American Indian or Alaska Native, and multiple races.

Scheduled toileting plan: A plan to improve continence or assisted continence that may include such things as prompted voiding (reminding an individual to toilet at appropriate and scheduled times during the day), scheduled voiding on a specific schedule, or walking an individual to the bathroom and giving verbal or visual cues to use the toilet.

Data source and methods

The 2004 data are the most recent data collected for the National Nursing Home Survey. Data were analyzed for 11,900 black residents and other races aged 65 and over residing in 1,174 nursing homes representing 1,317,300 residents nationally, from the 2004 National Nursing Home Survey (NNHS). NNHS is a periodic cross-sectional survey of a nationally representative sample of U.S. nursing homes. It is designed to provide descriptive information on nursing homes, their services, their staff members, and the residents they serve. NNHS was first conducted in 1973–1974 and repeated in 1977, 1985, 1995, 1997, 1999, and most recently 2004.

The sample design for the 2004 NNHS was a stratified, multistage probability design. The first stage was the selection of facilities, and the second stage was the selection of residents. The primary sampling strata of facilities were defined by sampling bed size category and metropolitan statistical area status. For the 2004 NNHS, 1,500 nursing homes were selected using systematic sampling with probability proportional to their bed sizes. The second stage sampling of up to 12 current residents was carried out by the interviewers at the time of their visits to the facilities. The sampling frame for current residents was the total number of residents on the register of the facility as of midnight the day before the survey.

All percentages were adjusted using logistic regression for differences in the age and sex distributions between black residents and other races. All differences presented are statistically significant ($p < .05$).

About the authors

Adrienne L. Jones, Nancy L. Sonnenfeld, and Lauren D. Harris-Kojetin, are with the Centers for Disease Control and Prevention's National Center for Health Statistics, Division of Health Care Statistics.

References

1. Smith DB, Feng Z, Fennell ML, Zinn JS, Mor V. Separate and unequal: racial segregation and disparities in quality across U.S. nursing homes. *Health Aff* 26(5):1448–58. 2007. Erratum in: *Health Aff* 26(6):1794. 2007.
2. Mor V, Zinn J, Angelelli J, Teno JM, Miller SC. Driven to tiers: socioeconomic and racial disparities in the quality of nursing home care. *Milbank Q* 82(2):227–52. 2004.
3. Durrant J, Snape J. Urinary incontinence in nursing homes for older people. *Age and Aging* 32:12–8. 2003.

Suggested citation

Jones AL, Sonnenfeld NL, Harris-Kojetin LD. Racial differences in functioning among elderly nursing home residents, 2004. NCHS data brief, no 25. Hyattsville, MD: National Center for Health Statistics. 2009.

Copyright information

All material appearing in this report is in the public domain and may be reproduced or copied without permission; citation as to source, however, is appreciated.

National Center for Health Statistics

Edward J. Sondik, Ph.D., *Director*
Jennifer H. Madans, Ph.D., *Associate Director for Science*

Division of Health Care Statistics

Jane E. Sisk, Ph.D., *Director*

U.S. DEPARTMENT OF
HEALTH & HUMAN SERVICES

Centers for Disease Control and Prevention
National Center for Health Statistics
3311 Toledo Road
Hyattsville, MD 20782

OFFICIAL BUSINESS
PENALTY FOR PRIVATE USE, \$300

To receive this publication regularly, contact the National Center for Health Statistics by calling 1-800-232-4636
E-mail: cdcinfo@cdc.gov
Internet: <http://www.cdc.gov/nchs>

FIRST CLASS MAIL POSTAGE & FEES PAID CDC/NCHS PERMIT NO. G-284

ISSN 1941-4927 (Print ed.)
ISSN 1941-4935 (Online ed.)

CS208112
T35465 (12/2009)
DHHS Publication No. (PHS) 2009-1209